

# AUDIT REPORT TRANSMITTAL FORM

TO: Department of Administration  
Local Government Services Bureau  
301 South Park Avenue, Room 340  
P.O. Box 200547  
Helena, MT 59620-0547

FROM: \_\_\_\_\_  
*(Name of CPA Firm)*

\_\_\_\_\_  
*(Location)*

**We have included 3 copies of the audit report with this transmittal.**

Entity audited: \_\_\_\_\_

Fiscal year(s) covered by audit: \_\_\_\_\_

Actual hours involved in conducting audit: \_\_\_\_\_

Total audit fee billed to entity: \$\_\_\_\_\_

Opinion date of audit report: \_\_\_\_\_

Date exit review conference held: \_\_\_\_\_

Date **final** audit report delivered to entity: \_\_\_\_\_

This audit **WAS** / **WAS NOT** (circle one) performed in accordance with OMB Circular A-133.

**Check any of the following that apply:**

- ☐ **No audit findings** are presented in this audit report.
- ☐ Audit findings, **along with the entity's response**, are presented in this audit report.
- ☐ Audit findings are presented in this audit report, but the **entity's response is NOT included**.
- ☐ A **management letter** with (additional) audit findings has been issued in conjunction with this audit.  
**We have enclosed 3 copies of this management letter with copies of the audit report.**

The **entity's response** to any findings in the management letter **IS / IS NOT** (circle one) included with this transmittal.